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JUL 26 2004

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34036 7590 04/20/2004

SILICON VALLEY PATENT GROUP LLP  
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## Certificate of Mailing or Transmission

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OMKAR SURYADEVARA	(Depositor's name)
S. Omkar	(Signature)
July 20, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/051,940	01/16/2002	Darin P. Smedberg	M-12143 US	1747

TITLE OF INVENTION: ANGLED CONNECTOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<del>YES</del> NO	<del>\$665</del> \$1330	\$0	<del>\$665</del> \$1330	07/20/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
HAMMOND, BRIGGITTE R	2833	439-468000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

CALIX NETWORKS, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

PETALUMA, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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S. Omkar

(Date)

July 20, 2004

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